

Nursing, Psychiatric, and Home Health Aides

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Significant Points

- Most jobs are in nursing and residential care facilities, hospitals, and home healthcare services.
- Modest entry requirements, low pay, high physical and emotional demands, and lack of advancement opportunities characterize this occupation.
- Numerous job openings and excellent job opportunities are expected.

Nature of the Work

Nursing and psychiatric aides help care for physically or mentally ill, injured, disabled, or infirm individuals confined to hospitals, nursing care facilities, and mental health settings. Home health aides' duties are similar, but they work in patients' homes or residential care facilities.

Nursing aides, also known as nursing assistants, geriatric aides, unlicensed assistive personnel, or hospital attendants, perform routine tasks under the supervision of nursing and medical staff. They answer patients' call lights, deliver messages, serve meals, make beds, and help patients eat, dress, and bathe. Aides also may provide skin care to patients; take their temperatures, pulse rate, respiration rate, and blood pressure; and help patients get in and out of bed and walk. They also may escort patients to operating and examining rooms, keep patients' rooms neat, set up equipment, store and move supplies, or assist with some procedures. Aides observe patients' physical, mental, and emotional conditions and report any change to the nursing or medical staff.

Nursing aides employed in nursing care facilities often are the principal caregivers, having far more contact with residents than other members of the staff. Because some residents may stay in a nursing care facility for months or even years, aides develop ongoing relationships with them and interact with them in a positive, caring way.

Home health aides help elderly, convalescent, or disabled persons live in their own homes instead of in a health facility. Under the direction of nursing or medical staff, they provide health-related services, such as administering oral medications. (*Personal and home care aides*, who provide mainly housekeeping and routine personal care services, are discussed elsewhere in the *Handbook*.) Like nursing aides, home health aides may check patients' pulse rates, temperatures, and respiration rates; help with simple prescribed exercises; keep patients' rooms neat; and help patients move from bed, bathe, dress, and groom. Occasionally, they change nonsterile dressings, give massages and alcohol rubs, or assist with braces and artificial limbs. Experienced home health aides also may assist with medical equipment such as ventilators, which help patients breathe.

Most home health aides work with elderly or disabled persons who need more extensive care than family or friends can provide. Some help discharged hospital patients who have relatively short-term needs.

In home health agencies, a registered nurse, physical therapist, or social worker usually assigns specific duties and supervises home health aides, who keep records of the services they perform and record patients' condition and progress. They report changes in patients' conditions to the supervisor or case manager.

Psychiatric aides, also known as mental health assistants or psychiatric nursing assistants, care for mentally impaired or emotionally disturbed individuals. They work under a team that may include psychiatrists, psychologists, psychiatric nurses, social workers, and therapists. In addition to helping patients dress, bathe, groom, and eat, psychiatric aides socialize with them and lead them in educational and recreational activities. Psychiatric aides may play games such as cards with the patients, watch television with them, or participate in group activities, such as sports or field trips. They observe patients and report any physical or behavioral signs that might be important for the professional staff to know. They accompany patients to and from examinations and treatment. Because they have such close contact with patients, psychiatric aides can have a great deal of influence on their patients' outlook and treatment.

Working Conditions

Most full-time aides work about 40 hours a week, but because patients need care 24 hours a day, some aides work evenings, nights, weekends, and holidays. Many work part time. Aides spend many hours standing and walking, and they often face heavy workloads. Because they may have to move patients in and out of bed or help them stand or walk, aides must guard against back injury. Aides also may face hazards from minor infections and major diseases, such as hepatitis, but can avoid infections by following proper procedures.

Aides often have unpleasant duties, such as emptying bedpans and changing soiled bed linens. The patients they care for may be disoriented, irritable, or uncooperative. Psychiatric aides must be prepared to care for patients whose illness may cause violent behavior. While their work can be emotionally demanding, many aides gain satisfaction from assisting those in need.

Home health aides may go to the same patient's home for months or even years. However, most aides work with a number of different patients, each job lasting a few hours, days, or weeks. Home health aides often visit multiple patients on the same day.

Home health aides generally work alone, with periodic visits by their supervisor. They receive detailed instructions explaining when to visit patients and what services to perform. Aides are individually responsible for getting to patients' homes, and they may spend a good portion of the working day traveling from one patient to another. Because mechanical lifting devices available in institutional settings are seldom available in patients' homes, home health



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aides are particularly susceptible to injuries resulting from over-exertion when they assist patients.

Employment

Nursing, psychiatric, and home health aides held about 2.0 million jobs in 2002. Nursing aides held the most jobs—approximately 1.4 million. Home health aides held roughly 580,000 jobs and psychiatric aides held about 59,000 jobs. Around 2 in 5 nursing aides worked in nursing care facilities, and about one-fourth worked in hospitals. Most home health aides (about one-third) were employed by home healthcare services. Others were employed in social assistance agencies, nursing and residential care facilities, and employment services. More than half of all psychiatric aides worked in hospitals, primarily in psychiatric and substance abuse hospitals—although some also worked in the psychiatric units of general medical and surgical hospitals. Others were employed in State government agencies; residential mental retardation, mental health, and substance abuse facilities; individual and family services; and outpatient care centers.

Training, Other Qualifications, and Advancement

In many cases, neither a high school diploma nor previous work experience is necessary for a job as a nursing, psychiatric, or home health aide. A few employers, however, require some training or experience. Hospitals may require experience as a nursing aide or home health aide. Nursing care facilities often hire inexperienced workers who must complete a minimum of 75 hours of mandatory training and pass a competency evaluation program within 4 months of their employment. Aides who complete the program are certified and placed on the State registry of nursing aides. Some States require psychiatric aides to complete a formal training program.

The Federal Government has guidelines for home health aides whose employers receive reimbursement from Medicare. Federal law requires home health aides to pass a competency test covering 12 areas: Communication skills; documentation of patient status and care provided; reading and recording vital signs; basic infection control procedures; basic body functions; maintenance of a healthy environment; emergency procedures; physical, emotional, and developmental characteristics of patients; personal hygiene and grooming; safe transfer techniques; normal range of motion and positioning; and basic nutrition.

A home health aide may receive training before taking the competency test. Federal law suggests at least 75 hours of classroom and practical training, supervised by a registered nurse. Training and testing programs may be offered by the employing agency, but must meet the standards of the Center for Medicare and Medicaid Services. Training programs vary with State regulations.

The National Association for Home Care offers national certification for home health aides. The certification is a voluntary demonstration that the individual has met industry standards.

Nursing aide training is offered in high schools, vocational-technical centers, some nursing care facilities, and some community colleges. Courses cover body mechanics, nutrition, anatomy and physiology, infection control, communication skills, and resident rights. Personal care skills, such as how to help patients bathe, eat, and groom, also are taught.

Some employers other than nursing care facilities provide classroom instruction for newly hired aides, while others rely exclusively on informal on-the-job instruction from a licensed nurse or an experienced aide. Such training may last several days to a few months.

From time to time, aides also may attend lectures, workshops, and inservice training.

These occupations can offer individuals an entry into the world of work. The flexibility of night and weekend hours also provides high school and college students a chance to work during the school year.

Applicants should be tactful, patient, understanding, emotionally stable, and dependable and should have a desire to help people. They also should be able to work as part of a team, have good communication skills, and be willing to perform repetitive, routine tasks. Home health aides should be honest and discreet, because they work in private homes.

Aides must be in good health. A physical examination, including State-regulated tests such as those for tuberculosis, may be required.

Opportunities for advancement within these occupations are limited. To enter other health occupations, aides generally need additional formal training. Some employers and unions provide opportunities by simplifying the educational paths to advancement. Experience as an aide also can help individuals decide whether to pursue a career in the health-care field.

Job Outlook

Numerous job openings for nursing, psychiatric, and home health aides will arise from a combination of fast employment growth and high replacement needs. High replacement needs in this large occupation reflect modest entry requirements, low pay, high physical and emotional demands, and lack of opportunities for advancement. For these same reasons, many people are unwilling to perform the kind of work required by the occupation. Therefore, persons who are interested in, and suited for, this work should have excellent job opportunities.

Overall employment of nursing, psychiatric, and home health aides is projected to grow faster than the average for all occupations through the year 2012, although individual occupational growth rates will vary. Employment of *home health aides* is expected to grow the fastest, as a result of both growing demand for home healthcare services from an aging population and efforts to contain healthcare costs by moving patients out of hospitals and nursing care facilities as quickly as possible. Consumer preference for care in the home and improvements in medical technologies for in-home treatment also will contribute to faster-than-average employment growth for home health aides.

Nursing aide employment will not grow as fast as home health aide employment, largely because nursing aides are concentrated in slower growing nursing care facilities. Nevertheless, employment of nursing aides is expected to grow faster than the average for all occupations in response to an increasing emphasis on rehabilitation and the long-term care needs of an increasing elderly population. Financial pressures on hospitals to discharge patients as soon as possible should produce more admissions to nursing care facilities. Modern medical technology also will increase the employment of nursing aides, because, as the technology saves and extends more lives, it increases the need for long-term care provided by aides.

Employment of *psychiatric aides*—the smallest of the three occupations—is expected to grow about as fast as the average for all occupations. The number of jobs for psychiatric aides in hospitals, where half of those in the occupation work, will grow slower than the average due to attempts to contain costs by limiting inpatient psychiatric treatment. Employment in other sectors will rise in response to growth in the number of older persons—many of whom will require mental health services, increasing public acceptance of

formal treatment for substance abuse, and a lessening of the stigma attached to those receiving mental health care.

Earnings

Median hourly earnings of nursing aides, orderlies, and attendants were \$9.59 in 2002. The middle 50 percent earned between \$8.06 and \$11.39 an hour. The lowest 10 percent earned less than \$6.98, and the highest 10 percent earned more than \$13.54 an hour. Median hourly earnings in the industries employing the largest numbers of nursing aides, orderlies, and attendants in 2002 were as follows:

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|---|---------|
| Employment services | \$11.38 |
| Local government | 10.33 |
| General medical and surgical hospitals | 10.09 |
| Nursing care facilities | 9.27 |
| Community care facilities for the elderly | 8.98 |

Nursing and psychiatric aides in hospitals generally receive at least 1 week's paid vacation after 1 year of service. Paid holidays and sick leave, hospital and medical benefits, extra pay for late-shift work, and pension plans also are available to many hospital, and some nursing care facility, employees.

Median hourly earnings of home health aides were \$8.70 in 2002. The middle 50 percent earned between \$7.54 and \$10.37 an hour. The lowest 10 percent earned less than \$6.56, and the highest 10 percent earned more than \$12.34 an hour. Median hourly earnings in the industries employing the largest numbers of home health aides in 2002 were as follows:

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| Employment services | \$9.21 |
| Residential mental retardation, mental health, and substance abuse facilities | 8.91 |
| Home health care services | 8.46 |
| Community care facilities for the elderly | 8.36 |
| Individual and family services | 8.20 |

Home health aides receive slight pay increases with experience and added responsibility. Usually, they are paid only for the time worked in the home; normally, they are not paid for travel time between jobs. Most employers hire only on-call hourly workers and provide no benefits.

Median hourly earnings of psychiatric aides were \$11.04 in 2002. The middle 50 percent earned between \$8.97 and \$13.74 an hour. The lowest 10 percent earned less than \$7.52, and the highest 10 percent earned more than \$16.16 an hour. Median hourly earnings in the industries employing the largest numbers of psychiatric aides in 2002 were as follows:

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| State government | \$13.14 |
| Psychiatric and substance abuse hospitals | 11.32 |
| General medical and surgical hospitals | 11.04 |

Related Occupations

Nursing, psychiatric, and home health aides help people who need routine care or treatment. So do childcare workers, medical assistants, occupational therapist assistants and aides, personal and home care aides, and physical therapist assistants and aides.

Sources of Additional Information

Information about employment opportunities may be obtained from local hospitals, nursing care facilities, home health-care agencies, psychiatric facilities, State boards of nursing, and local offices of the State employment service.

General information about training, referrals to State and local agencies about job opportunities, a list of relevant publications, and information on certification of home health aides are available from:
► National Association for Home Care, 228 7th St. SE., Washington, DC 20003. Internet: <http://www.nahc.org>